



HOSPITAL INFECTION & PREVENTION CONTROL COMMITTEE – MINUTES OF MEETING

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LIFE'S ON

Date:	11/11/2025	Time:	10.30 AM	Venue:	9 TH FLOOR TRAINING ROOM
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Members Present	Members Absent	Invitees Present	Invitees Absent
• Dr. Dipankar Sarkar • Dr. Himadri Mondal • Dr. Prasenjit Bhaumik • Ms. Ankana Roy Bera • Sis. Sarmistha Chaudhury • Sis. Saroja Asem • Mr. Swapan Paul • Sis. Rupa Basu • Dr. Saumitra Misra • Dr. Prerna Goenka	1. Bhabadev Chakraborty 2. Dr. D. Bose 3. Dr. Smartya Pulai 4. Dr. Atul Vajpayee	1. Dr. Paromita Dey 2. Mr. Koushik Dutta. 3. Dr. Somsindhu Ghosh 4. Sabyasachi. B	1. Dr Sudeshana Gupta



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• Dr. Samim Habib • Mr. Devendra Kumar • Dr. Jigyasha Shroff • Mr. Amit Paine	5. Dr Abhinibesh Chatter		
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Sl. No.	Agenda	Points Discussed	Responsibility	Date for Completion
1	Review previous MOM.	CLOSED		
		Discussions: Hand hygiene should be reinforced using different strategies. - The ICU instruments are not functioning properly. The SPO2 probe is not attaching - Discussed was held regarding the preparation of an antibiotic policy for prophylaxis base on the disease and first-line treatment	ICN Biomedical Microbiologist	Ongoing. Ongoing Done



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		guideline 4. All medication are to be documented using their generic names on the medicine card. 5. Non- compliance with pre-operative prophylactic antibiotic guidelines is slightly higher than expected 6. Encourage more doctors to attend the infection prevention and control meeting.		Done On going On going
2	Infection Reports.	Monitor and reporting of Hospital-Acquired infections (HAI) in the hospital . SSI in month of October: Patient Name: Samir Bal (MH- 16872665) ,64 YRS Male Under DR. Arindam Ganguly		



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		admitted on 02/10/2025 C/O –oozing from lower end of wound persisting thick yellow pus. Right TKR OT done on 27/08/2025 and Debridement & Drainage done on 02/10/2025. Pus was taken from OPD for culture and sensitivity testing on 30/09/2025. The report showed Staphylococcus Aureus growth on (06/10/2025). Repeat sample of Pus C/S collected from OPD on 14/10/2025 report showed no growth.	
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3.	Infection indicators	1. HAI Rate (Healthcare-Association Infection) of the month of October are as follows: CAUTI-0, VAP-0, SSI-1. 2. Hand Hygiene Compliance for the month of October is 97%. Our target is 98% 3. Antibiotic Stewardships Indicators. Indicator of restricted antibiotics uses of October-61.76 %. Justification of using restricted antibiotics not available. Doctors are not filling the Restricted Antibiotics form properly. 4. Needle stick Injury Rate of the month of September -0. 7. Antibiogram : antibiotic sensitivity DATA with graph shown in the meeting		
4.	Others.			



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Minutes of Meeting:

Sl. No	Discussion	Action Item	Responsibility
1	Hand hygiene should be reinforced using different strategies.	ICU, HDU, and floor staff receive daily training on the 5 moments of Hand Hygiene and the 6 steps of Hand Hygiene. Regular audits are conducted by link nurses to ensure compliance and reinforce good hand hygiene practices.	ICN
2	Biomedical waste is not properly segregated inside the OT.	The housekeeping was informed to ensure adequate color- coded bins are placed inside the OT, and training will provided to all OT staff regarding biomedical waste segregation.	ICN



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3	Brand medicines are not being provided by the pharmacy .	Instructed the pharmacist to provide branded medicines as per requirement .	CMS , critical care physician .
4	Antibiogram	Antibiotic sensitive Data with graph shown in every infection control meeting .	Microbiologist.
5.	Antibiotic Stewardships- Justification of using restricted antibiotics not available.	Doctors are trained and advised to follow proper antibiotics stewardship protocol.	ICN & CMS & Clinical pharmacologist.
6.	Formation of antibiotic policy.	Discussed was held regarding the preparation of an antibiotic policy for prophylaxis base on the disease and first-line treatment	Microbiologist



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7.	Encourage more doctors to attend the infection prevention and control meeting .	The date will be sent one week prior to the meeting with a repeated reminder.	CMS & ICN
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<i>Signature and Name of</i> Convener of Infection, Prevention & Control Committee, Manipal Hospital, Saltlake	<i>Signature and Name of</i> Chairperson of Infection, Prevention & Control Committee, Manipal Hospital, Saltlake
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